GENERAL GENERIC RISK ASSESSMENT

Type of Activity:

Significant Hazards	Persons at risk	Existing Controls	Risk Rating L/M/H	Additional Controls Required

Name of Risk Assessor: **Signature of Risk Assessor ……**

Date of Risk Assessment ……

Risk Assessment: Manager's Action Plan

Action Required	By Who	Risk Level	Target Date	Comments	Date Completed

Managers Signature:..... Position:.....Date:.....

Review Due Date..... Actual Review Date.....……

Additional Information:

Name of Risk Assessor: **Signature of Risk Assessor ……..**

Date of Risk Assessment ……